Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting

Essentials/Standards initially adopted in 1969;
revised in 1971, 1977, 1984, 1991, 1999, 2003, 2008, 2015, 2022, and effective April 4, 2022

Developed by the
Medical Assisting Education Review Board

Endorsed by
American Association of Medical Assistants
American Medical Technologists
National Healthcareer Association

and

Approved by the
Commission on Accreditation of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Medical Assisting Education Review Board (MAERB).

These accreditation **Standards** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the *medical assisting* profession. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines are printed in italic typeface*.

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), the American Association of Medical Assistants, the American Medical Technologists, the National Healthcareer Association, and the Medical Assisting Review Board cooperate to establish, maintain and promote appropriate standards of quality for educational programs in medical assisting and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines for the Accreditation of Educational Programs**. CAAHEP encourages innovation and quality education programs throughout the CAAHEP accreditation process, consistent with the CAAHEP policy on institutional autonomy. These **Standards and Guidelines** are designed to ensure the integrity of the CAAHEP accreditation process. Directories of accredited programs are published for the information of students, employers, educational institutions and organizations, credentialing bodies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of medical assisting programs. Site visit teams assist in the evaluation of a program's compliance with the accreditation standards.

Description of the Profession

Medical assistants are multiskilled health professionals specifically educated to work in a variety of healthcare settings performing clinical and administrative duties. The practice of medical assisting necessitates mastery of a complex body of knowledge and specialized skills requiring both formal education and practical experience that serve as standards for entry into the profession.

I. Sponsorship

A. Program Sponsor

A program sponsor must be at least one of the following:

1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a diploma*/certificate* at the completion of the program.

2. A hospital or medical center or other governmental medical service, which is accredited by a healthcare accrediting agency or equivalent that is recognized by the U.S. Department of Health and Human Services and must be authorized under applicable law or other acceptable authority to provide healthcare, which awards a minimum of a certificate at the completion of the program.

3. A branch of the United States Armed Forces, or a federal or state governmental agency, which awards a minimum of a certificate at the completion of the program.

4. A consortium, which is a group made up of two or more education providers, that operate an educational program through a written agreement that outlines the expectations and responsibilities of each of the partners. At least one of the consortium partners must meeting the requirements of a program sponsor set forth in I.A.1 – 1.A.3.

B. Responsibilities of Program Sponsor

The program sponsor must

1. Ensure that the program meets the Standards;

2. Award academic credit for the program or have an articulation agreement with an accredited post-secondary institution; and

3. Have a preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption.

   Examples of unanticipated interruptions may include unexpected departure of key personnel, natural disaster, public health crisis, fire, flood, power failure, failure of information technology services, or other events that may lead to inaccessibility of educational services.

II. Program Goals

A. Program Goals and Minimum Expectations

The program must have the following minimum expectations statement: “To prepare medical assistants who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.”

Programs that adopt educational goals beyond the minimum expectations statement must provide evidence that all students have achieved those goals prior to entry into the field.

Program goals must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and accepted standards of roles and functions of a medical assistant. Goals are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program. Program goals must be written referencing one or more of the learning domains.

The program must assess its goals at least annually and respond to changes in the needs and expectations of its communities of interest.

B. Program Advisory Committee

The program advisory committee must include at least one representative of each community of interest and must meet annually. Communities of interest served by the program include, but are not limited to, students, graduates, faculty members, sponsor administrators, employers, physicians, and the public.

The program advisory committee advises the program regarding revisions to curriculum and program goals based on the changing needs and expectations of the program's communities of interest, and an assessment of program effectiveness, including the outcomes specified in these Standards.

Program advisory committee meetings may be conducted using synchronous electronic means.

III. Resources

A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to

1. Faculty;
2. Administrative and support staff;
3. Curriculum;
4. Finances;
5. Faculty and staff workspace;
6. Space for confidential interactions;
7. Classroom and laboratory (physical or virtual);
8. Ancillary student facilities;
9. Clinical affiliates;
10. Equipment;
11. Supplies;
12. Information technology;
13. Instructional materials; and
14. Support for faculty professional development.

"Clinical affiliates" are locations used as practicum sites.

*Equipment and supplies should be representative of those used in the achievement of the psychomotor and affective competencies in the MAERB Core Curriculum listed in Appendix B of these **Standards**.*

B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

At a minimum, the following positions are required.

1. Program Director

a. Responsibilities
The program director must be responsible for all aspects of the program, including but not limited to
1) Administration, organization, supervision of the program;
2) Continuous quality review and improvement of the program; and
3) Academic oversight, including curriculum planning and development, and outcomes.

b. Qualifications
The program director must
1) Be an employee of the sponsoring institution;
2) Possess a minimum of an associate degree;
3) Be credentialed in good standing in medical assisting, by an organization whose credentialing exam is accredited by the National Commission for Certifying Agencies (NCCA), American National Standards Institute (ANSI) or under International Organization for Standardization (ISO);
4) Have medical or allied health education or training;
5) Have experience related to the profession of medical assisting; and
6) Have documented education in instructional methodology.

Instructional methodology education may be demonstrated by documentation of completed workshops, in-service sessions, seminars, or completed college courses on topics including, but not limited to, learning theory, curriculum design, test construction, teaching methodology, or assessment techniques.

2. Faculty/Instructional Staff

a. Responsibilities
For all didactic, laboratory, and clinical instruction to which a student is assigned, there must be a qualified individual(s) clearly designated by the program to provide instruction, supervision, and timely assessments of the student's progress in meeting program requirements.

b. Qualifications
Faculty/instructional staff must be effective in teaching and knowledgeable in the *MAERB Core Curriculum* content included in their assigned teaching as documented by education or experience in the designated content area and have documented education in instructional methodology.

Medical assisting faculty includes individuals who teach courses specifically designed and unique to the medical assisting program.

Instructional methodology education may be demonstrated by documentation of completed workshops, in-service sessions, seminars or completed college courses, on topics including, but not limited to, learning theory, curriculum design, test construction, teaching methodology, or assessment techniques.

3. Practicum Coordinator

a. Responsibilities
The practicum coordinator must

1) Select and approve appropriate practicum sites;
2) Coordinate practicum education;
3) Ensure documentation of the evaluation and progression of practicum performance;
4) Ensure orientation to the program's requirements of the personnel who supervise or instruct students at practicum sites; and
5) Coordinate the assignment of students to practicum sites.

The responsibility of the practicum coordinator may be fulfilled by the program director, faculty member(s), or other qualified designee provided qualifications of all designated roles are met.

b. Qualifications
The practicum coordinator must
1. Possess knowledge of the MAERB Core Curriculum;
2. Possess knowledge about the program's evaluation of student learning and performance; and
3. Ensure appropriate and sufficient evaluation of student achievement in the practicum experience.

C. Curriculum

The curriculum content must ensure that the program goals are achieved. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, course activities sequence and timeline, and competencies required for graduation. Instruction must be delivered in an appropriate sequence of classroom, laboratory, and clinical activities.

Learning objectives include The MAERB Core Curriculum cognitive objectives and psychomotor and affective competencies.

The program must demonstrate that the curriculum offered meets or exceeds the MAERB Core Curriculum listed in Appendix B of these **Standards**.

A supervised practicum of at least 160 contact hours in a healthcare setting, demonstrating the knowledge, skills, and behaviors of the MAERB Core Curriculum in performing clinical and administrative duties, must be completed prior to graduation.

On-site supervision of the student must be provided by an individual who has knowledge of the medical assisting profession.

The program should ensure that the supervised practicum and instruction of students are meaningful and parallel in content and concept with the material presented in lecture and laboratory sessions. Sites should afford each student a variety of experiences.

The program should ensure that students achieve The MAERB Core Curriculum psychomotor and affective competencies before performing them during the supervised practicum.

CAAHEP supports and encourages innovation in the development and delivery of the curriculum.

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**. The results of the resource assessment must be the basis for ongoing planning and change. An action plan must be developed when needed improvements are identified in the program resources. Implementation of the action plan must be documented, and results measured by ongoing resource assessment.

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and purpose

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the curriculum competencies in the required learning domains.

"Achievement of the curriculum competencies" means that each student has successfully achieved all the MAERB Core Curriculum psychomotor and affective competencies prior to graduating from the program.

Validity means that the evaluation methods chosen are consistent with the learning and performance objectives being tested.

2. Documentation

Student evaluations must be maintained in sufficient detail to document learning progress and achievements.

B. Outcomes

The program must meet the established outcomes thresholds.

1. Assessment

The program must periodically assess its effectiveness in achieving established outcomes. The results of this assessment must be reflected in the review and timely revision of the program.

Outcomes assessments must include but are not limited to national credentialing examination(s) performance, programmatic retention, graduate satisfaction, employer satisfaction, placement in full or part time employment in the profession or in a related profession, and programmatic summative measures.

A related profession is one in which the individual is using cognitive objectives and psychomotor and affective competencies acquired in the educational program.

Graduates pursuing academic education related to progressing in health professions or serving in the military will be counted as placed.

"Programmatic summative measures" means that graduates have achieved all the MAERB Core Curriculum psychomotor and affective competencies prior to graduating from the program.

A national certification examination program should be accredited by the National Commission for Certifying Agencies (NCCA), American National Standards Institute (ANSI), or under International Organization for Standardization (ISO).

Results from an alternative examination may be accepted as an outcome, if designated as equivalent by the organization whose credentialing examination is so accredited.

2. Reporting

At least annually, the program must submit to the Medical Assisting Education Review Board the program goal(s), outcomes assessment results, and an analysis of results.

If established outcomes thresholds are not met, the program must participate in a dialogue with and submit an action plan to the Medical Assisting Education Review Board that responds to the identified deficiency(ies). The action plan must include an analysis of any deficiencies, corrective steps, and timeline for implementation. The program must assess the effectiveness of the corrective steps.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, advertising, and websites must accurately reflect the program offered.

2. At least the following must be made known to all applicants and students
   a. Sponsor's institutional and programmatic accreditation status;
   b. Name and website address of CAAHEP;
   c. Admissions policies and practices;
   d. Technical standards required to participate in the program;
   e. Occupational risks;
   f. Policies on advanced placement, transfer of credits and credits for experiential learning;
   g. Number of credits required for completion of the program;
   h. Availability of articulation agreements for transfer of credits;
   i. Tuition/fees and other costs required to complete the program;
   j. Policies and processes for withdrawal and for refunds of tuition/fees; and
   k. Policies and processes for assignment of clinical experiences.

3. At least the following must be made known to all students
   a. Academic calendar;
   b. Student grievance procedure;
   c. Appeals process;
   d. Criteria for successful completion of each segment of the curriculum and for graduation; and
   e. Policies by which students may perform clinical work while enrolled in the program.

4. The sponsor must maintain and make accessible to the public on its website a current and consistent summary of student/graduate achievement that includes one or more of these program outcomes: national credentialing examination(s), programmatic retention, and placement in full or part-time employment in the profession or a related profession as established by the Medical Assisting Education Review Board.

B. Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

C. Safeguards

The health and safety of patients/clients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded.

All activities required in the program must be educational and students must not be substituted for staff and must be readily identifiable as students.

D. Student Records

Grades and credits for courses must be recorded on the student transcript and permanently maintained by the program sponsor in an accessible and secure location. Students and graduates must be given direction on how to access their records. Records must be maintained for student admission, advisement, and counseling while the student is enrolled in the program.

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to MAERB in a timely manner. Additional substantive changes to be reported to MAERB within the time limits prescribed include

1. Change in the institution's legal status or form of control;
2. Change/addition/deletion of courses that represent a significant departure in content;
3. Change in method of curriculum delivery;
4. Change in the award level (i.e., degree to certificate/diploma or certificate/diploma to degree);
5. Change of clock hours to credit hours or credit hours for successful completion of a program;
6. Substantial increase/decrease in clock or credit hours for successful completion of a program; and
7. Addition of an apprenticeship component to the program.

Programs should report all curriculum changes to the MAERB.

F. Agreements

There must be a formal affiliation agreement or memorandum of understanding between the program sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the program sponsor and that entity.

APPENDIX A

Application, Maintenance and Administration of Accreditation

A. Program and Sponsor Responsibilities

1. Applying for Initial Accreditation

a. The chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form and returns it to:

Medical Assisting Education Review Board
2020 N. California Ave., #213 Suite 7
Chicago, IL 60647

The "Request for Accreditation Services" form can be obtained from MAERB, CAAHEP, or the CAAHEP website.

Note: There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the MAERB. The on-site review will be scheduled in cooperation with the program and once the self-study report has been completed, submitted, and accepted by the MAERB.

2. Applying for Continuing Accreditation

a. Upon written notice from the MAERB, the chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form, and returns it to:

Medical Assisting Education Review Board
2020 N. California Ave., #213 Suite 7
Chicago, IL 60647

The "Request for Accreditation Services" form can be obtained from the MAERB website or CAAHEP website.

b. The program may undergo a comprehensive review in accordance with the policies and procedures of the MAERB.

If it is determined that there were significant concerns with the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the MAERB forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

a. The program must inform the MAERB and CAAHEP within a reasonable period of time (as defined by the MAERB and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel.

b. The sponsor must inform CAAHEP and the MAERB of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the MAERB that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer of Sponsorship Services" form. The MAERB has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer will be granted.

c. The sponsor must promptly inform CAAHEP and the MAERB of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).

d. Comprehensive reviews are scheduled by the MAERB in accordance with its policies and procedures. The time between comprehensive reviews is determined by the MAERB and based on the program's on-going compliance with the **Standards**; however, all programs must undergo a comprehensive review at least once every ten years.

e. The program and the sponsor must pay MAERB and CAAHEP fees within a reasonable period of time, as determined by the MAERB and CAAHEP respectively.

f. The sponsor must file all reports in a timely manner (self-study report, progress reports, annual reports, etc.) in accordance with MAERB policy.

g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a MAERB accreditation recommendation prior to the "next comprehensive review" period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the MAERB.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. Voluntary Withdrawal of a CAAHEP- Accredited Program

Voluntary withdrawal of accreditation from CAAHEP may be requested at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating: the last date of student enrollment, the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. Requesting Inactive Status of a CAAHEP- Accredited Program

Inactive status may be requested from CAAHEP at any time by the chief executive officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the MAERB and CAAHEP to maintain its accreditation status.

To reactivate the program the chief executive officer or an officially designated representative of the sponsor must notify CAAHEP of its intent to do so in writing to both CAAHEP and the MAERB. The sponsor will be notified by the MAERB of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a "Voluntary Withdrawal of Accreditation."

B. CAAHEP and Committee on Accreditation Responsibilities –

Accreditation Recommendation Process

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the MAERB forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold accreditation, or withdraw accreditation.

   The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the MAERB forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The MAERB reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

   The CAAHEP Board of Directors' decision to confer probationary accreditation is not subject to appeal.

3. Before the MAERB forwards a recommendation to CAAHEP that a program's accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The MAERB reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the MAERB arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

   The CAAHEP Board of Directors' decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP "Appeal of Adverse Accreditation Actions" is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

   At the completion of due process, when accreditation is withheld or withdrawn, the sponsor's chief executive officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation **Standards**.

   Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.

APPENDIX B

Core Curriculum for Medical Assistants
Medical Assisting Education Review Board (MAERB)
2022 Curriculum Requirements

Individuals graduating from Medical Assisting programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) must demonstrate knowledge of the subject matters required for competence in the medical assisting profession. They must incorporate the cognitive (C) knowledge in performance of the psychomotor (P) skills and the affective (A) behaviors.

The MAERB Core Curriculum must be taught and assessed in its entirety. In addition, all the psychomotor skills and the affective behaviors must be achieved by the students prior to the skills being performed at the practicum. While simulation of these skills can be used in the classroom setting for achievement, the practicum is designed for live experience, so simulation is not allowed as a substitute for practicum hours.

MAERB publishes the *Educational Competencies for Medical Assistants* (ECMA), a publication designed to provide programs with guidance and options for achieving the MAERB Core Curriculum. In addition, Program Directors can build upon these knowledge and skills outlined here to teach the students related skills that serve their communities of interest.

The curriculum is designed to demonstrate the intersection between the cognitive objectives and the psychomotor competencies. The affective competences are contained at the end, and because medical assistants utilize affective skills with any patient contact, be it physical or verbal, they can be bundled with any of the psychomotor competencies. The design of the curriculum allows Program Directors to bundle in the affective skills as they see appropriate.

FOUNDATIONS FOR CLINICAL PRACTICE
CONTENT AREA I-IV

Cognitive (Knowledge) I.C Anatomy, Physiology, & Pharmacology	Psychomotor (Skills) I.P Anatomy, Physiology, & Pharmacology
1. Identify structural organization of the human body 2. Identify body systems* 3. Identify: a. body planes b. directional terms c. quadrants d. body cavities 4. Identify major organs in each body system* 5. Identify the anatomical location of major organs in each body system* 6. Identify the structure and function of the human body across the life span 7. Identify the normal function of each body system* 8. Identify common pathology related to each body system* including: a. signs b. symptoms c. etiology d. diagnostic measures e. treatment modalities 9. Identify Clinical Laboratory Improvement Amendments (CLIA) waived tests associated with common diseases 10. Identify the classifications of medications including: a. indications for use b. desired effects c. side effects d. adverse reactions 11. Identify quality assurance practices in healthcare 12. Identify basic principles of first aid 13. Identify appropriate vaccinations based on an immunization schedule.	1. Accurately measure and record a. blood pressure b. temperature c. pulse d. respirations e. height f. weight (adult and infant) g. length (infant) h. head circumference (infant) i. oxygen saturation 2. Perform the following procedures: a. electrocardiography b. venipuncture c. capillary puncture d. pulmonary function testing 3. Perform patient screening following established protocols 4. Verify the rules of medication administration: a. right patient b. right medication c. right dose d. right route e. right time f. right documentation 5. Select proper sites for administering parenteral medication 6. Administer oral medications 7. Administer parenteral (excluding IV) medications 8. Instruct and prepare a patient for a procedure or a treatment

*Body systems must include, but are not limited to, the following: Circulatory, Digestive, Endocrine, Integumentary, Lymphatic, Muscular, Nervous, Sensory, Reproductive, Respiratory, Skeletal, and Urinary.	9. Assist provider with a patient exam 10. Perform a quality control measure 11. Collect specimens and perform: a. CLIA waived hematology test b. CLIA waived chemistry test c. CLIA waived urinalysis d. CLIA waived immunology test e. CLIA waived microbiology test 12. Provide up-to-date documentation of provider/professional level CPR 13. Perform first aid procedures a. bleeding b. diabetic coma or insulin shock c. stroke d. seizures e. environmental emergency f. syncope

Content Area II: Applied Mathematics

Cognitive (Knowledge) **II.C Applied Mathematics**	**Psychomotor (Skills)** **II.P Applied Mathematics**
1. Define basic units of measurement in: a. the metric system b. the household system	1. Calculate proper dosages of medication for administration 2. Record laboratory test results into the patient's record

2. Identify abbreviations used in calculating medication dosages 3. Identify normal and abnormal results as reported in: a. graphs b. tables	3. Document on a growth chart 4. Apply mathematical computations to solve equations 5. Convert among measurement systems

Content Area III: Infection Control

Cognitive (Knowledge) **III.C Infection Control**	**Psychomotor (Skills)** **III.P Infection Control**
1. Identify major types of infectious agents 2. Identify the infection cycle including: a. the infectious agent b. reservoir c. susceptible host d. means of transmission e. portals of entry f. portals of exit 3. Identify the following as practiced within an ambulatory care setting: a. medical asepsis b. surgical asepsis 4. Identify methods of controlling the growth of microorganisms 5. Identify the principles of standard precautions 6. Identify personal protective equipment (PPE) 7. Identify the implications for failure to comply with Centers for Disease Control (CDC) regulations in healthcare settings	1. Participate in bloodborne pathogen training 2. Select appropriate barrier/personal protective equipment (PPE) 3. Perform handwashing 4. Prepare items for autoclaving 5. Perform sterilization procedures 6. Prepare a sterile field 7. Perform within a sterile field 8. Perform wound care 9. Perform dressing change 10. Demonstrate proper disposal of biohazardous material a. sharps b. regulated wastes

Content Area IV: Nutrition

Cognitive (Knowledge) **IV. C Nutrition**	**Psychomotor (Skills)** **IV. P Nutrition**

1. Identify dietary nutrients including: a. carbohydrates b. fat c. protein d. minerals e. electrolytes f. vitamins g. fiber h. water 2. Identify the function of dietary supplements 3. Identify the special dietary needs for: a. weight control b. diabetes c. cardiovascular disease d. hypertension e. cancer f. lactose sensitivity g. gluten-free h. food allergies i. eating disorders 4. Identify the components of a food label	1. Instruct a patient regarding a dietary change related to patient's special dietary needs

Content Area V: Concepts of Effective Communication

Cognitive (Knowledge) **V.C Concepts of Effective Communication**	**Psychomotor (Skills)** **V.P. Concepts of Effective Communication**
1. Identify types of verbal and nonverbal communication 2. Identify communication barriers 3. Identify techniques for overcoming communication barriers 4. Identify the steps in the sender-receiver process	1. Respond to nonverbal communication 2. Correctly use and pronounce medical terminology in health care interactions 3. Coach patients regarding:

5. Identify challenges in communication with different age groups 6. Identify techniques for coaching a patient related to specific needs 7. Identify different types of electronic technology used in professional communication 8. Identify the following related to body systems*: a. medical terms b. abbreviations 9. Identify the principles of self-boundaries 10. Identify the role of the medical assistant as a patient navigator 11. Identify coping mechanisms 12. Identify subjective and objective information 13. Identify the basic concepts of the following theories of: a. Maslow b. Erikson c. Kubler-Ross 14. Identify issues associated with diversity as it relates to patient care 15. Identify the medical assistant's role in telehealth *Body systems must include, but are not limited to, the following: Circulatory, Digestive, Endocrine, Integumentary, Lymphatic, Muscular, Nervous, Sensory, Reproductive, Respiratory, Skeletal, and Urinary.	a. office policies b. medical encounters 4. Demonstrate professional telephone techniques 5. Document telephone messages accurately 6. Using technology, compose clear and correct correspondence 7. Use a list of community resources to facilitate referrals 8. Participate in a telehealth interaction with a patient

Content Area VI: Administrative Functions

Cognitive (Knowledge) **VI.C Administrative Functions**	**Psychomotor (Skills)** **VI.P Administrative Functions**
1. Identify different types of appointment scheduling methods 2. Identify critical information required for scheduling patient procedures 3. Recognize the purpose for routine maintenance of equipment 4. Identify steps involved in completing an inventory 5. Identify the importance of data back-up	1. Manage appointment schedule using established priorities 2. Schedule a patient procedure 3. Input patient data using an electronic system 4. Perform an inventory of supplies

6. Identify the components of an Electronic Medical Record, Electronic Health Record, and Practice Management system	

Content Area VII: Basic Practice Finances

Cognitive (Knowledge) VII.C Basic Practice Finances	Psychomotor (Skills) VII.P Basic Practice Finances
1. Define the following bookkeeping terms: a. charges b. payments c. accounts receivable d. accounts payable e. adjustments f. end of day reconciliation 2. Identify precautions for accepting the following types of payments: a. cash b. check c. credit card d. debit card 3. Identify types of adjustments made to patient accounts including: a. non-sufficient funds (NSF) check b. collection agency transaction c. credit balance d. third party 4. Identify patient financial obligations for services rendered	1. Perform accounts receivable procedures to patient accounts including posting: a. charges b. payments c. adjustments 2. Input accurate billing information in an electronic system 3. Inform a patient of financial obligations for services rendered

Content Area VIII: Third-Party Reimbursement

Cognitive (Knowledge) VIII.C Third-Party Reimbursement	Psychomotor (Skills) VIII.P Third-Party Reimbursement
1. Identify: a. types of third-party plans b. steps for filing a third-party claim 2. Identify managed care requirements for patient referral 3. Identify processes for: a. verification of eligibility for services b. precertification/preauthorization c. tracking unpaid claims d. claim denials and appeals 4. Identify fraud and abuse as they relate to third party reimbursement 5. Define the following: a. bundling and unbundling of codes b. advanced beneficiary notice (ABN) c. allowed amount d. deductible e. co-insurance f. co-pay 6. Identify the purpose and components of the Explanation of Benefits (EOB) and Remittance Advice (RA) Statements	1. Interpret information on an insurance card 2. Verify eligibility for services 3. Obtain precertification or preauthorization with documentation 4. Complete an insurance claim form 5. Assist a patient in understanding an Explanation of Benefits (EOB)

Area IX: Procedural and Diagnostic Coding

Cognitive (Knowledge) IX.C Procedural and Diagnostic Coding	Psychomotor (Skills) IX.P Procedural and Diagnostic Coding

1. Identify the current procedural and diagnostic coding systems, including Healthcare Common Procedure Coding Systems II (HCPCS Level II) 2. Identify the effects of: a. upcoding b. downcoding 3. Define medical necessity	1. Perform procedural coding 2. Perform diagnostic coding 3. Utilize medical necessity guidelines

Content Area X: Legal Implications

Cognitive (Knowledge) **X.C Legal Implications**	**Psychomotor (Skills)** **X.P Legal Implications**
1. Identify scope of practice and standards of care for medical assistants 2. Identify the provider role in terms of standard of care. 3. Identify components of the Health Insurance Portability & Accountability Act (HIPAA) 4. Identify the standards outlined in The Patient Care Partnership 5. Identify licensure and certification as they apply to healthcare providers 6. Identify criminal and civil law as they apply to the practicing medical assistant 7. Define: a. negligence	1. Locate a state's legal scope of practice for medical assistants 2. Apply HIPAA rules in regard to: a. privacy b. release of information 3. Document patient care accurately in the medical record 4. Complete compliance reporting based on public health statutes 5. Report an illegal activity following the protocol established by the healthcare setting 6. Complete an incident report related to an error in patient care

b. malpractice c. statute of limitations d. Good Samaritan Act(s) e. Uniform Anatomical Gift Act f. living will/advanced directives g. medical durable power of attorney h. Patient Self Determination Act (PSDA) i. risk management 8. Identify the purpose of medical malpractice insurance 9. Identify legal and illegal applicant interview questions 10. Identify: a. Health Information Technology for Economic and Clinical Health (HITECH) Act b. Genetic Information Nondiscrimination Act of 2008 (GINA) c. Americans with Disabilities Act Amendments Act (ADAAA) 11. Identify the process in compliance reporting: a. unsafe activities b. errors in patient care c. conflicts of interest d. incident reports 12. Identify compliance with public health statutes related to: a. communicable diseases b. abuse, neglect, and exploitation c. wounds of violence 13. Define the following medical legal terms: a. informed consent b. implied consent c. expressed consent d. patient incompetence e. emancipated minor f. mature minor g. subpoena duces tecum h. respondeat superior i. res ipsa loquitur j. locum tenens k. defendant-plaintiff	

l. deposition m. arbitration-mediation	

Content Area XI: Ethical and Professional Considerations

Cognitive (Knowledge) XI.C Ethical and Professional Considerations	Psychomotor (Skills) XI.P Ethical and Professional Considerations
1. Define: a. ethics b. morals 2. Identify personal and professional ethics 3. Identify potential effects of personal morals on professional performance 4. Identify professional behaviors of a medical assistant	1. Demonstrate professional response(s) to ethical issues

Content Area XII: Protective Practices

Cognitive (Knowledge) XII.C Protective Practices	Psychomotor (Skills) XII.P Protective Practices

1. Identify workplace safeguards 2. Identify safety techniques that can be used in responding to accidental exposure to: a. blood b. other body fluids c. needle sticks d. chemicals 3. Identify fire safety issues in an ambulatory healthcare environment 4. Identify emergency practices for evacuation of a healthcare setting 5. Identify the purpose of Safety Data Sheets (SDS) in a healthcare setting 6. Identify processes for disposal of a. biohazardous waste and b. chemicals 7. Identify principles of: a. body mechanics b. ergonomics 8. Identify critical elements of an emergency plan for response to a natural disaster or other emergency 9. Identify the physical manifestations and emotional behaviors on persons involved in an emergency	1. Comply with safety practices 2. Demonstrate proper use of: a. eyewash equipment b. fire extinguishers 3. Use proper body mechanics 4. Evaluate an environment to identify unsafe conditions

AFFECTIVE SKILLS

The affective competencies listed below can be bundled with any of the psychomotor competencies included in the curriculum. The goal is to provide opportunities for Program Directors to develop assessment tools creatively and focus on incorporating the affective behaviors with any psychomotor skill that involves interacting with a patient. These behavioral competencies are important to the development of communication skills and professional behavior in the field of medical assisting. The students will need to achieve all the affective competences, but they can do so using several different skills. There are examples in the *Educational Competencies for Medical Assistants* to guide Program Directors in the incorporation of these affective skills.

A.1	Demonstrate critical thinking skills
A.2	Reassure patients
A.3	Demonstrate empathy for patients' concerns
A.4	Demonstrate active listening
A.5	Respect diversity
A.6	Recognize personal boundaries
A.7	Demonstrate tactfulness
A.8	Demonstrate self-awareness